



## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MULTI-PATH TRANSTHORACIC DEFIBRILLATION AND CARDIOVERSION, the specification of which:

- ☐ is attached hereto.  
☒ was filed on November 13, 2003 as Application Serial No. 10/712,308 and was amended on \_\_\_\_\_  
☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: G. Roger Lee, Reg. No. 28,963.

Direct all telephone calls to G. ROGER LEE at telephone number (617) 542-5070.

Direct all correspondence to the following:

**26161**  
**PTO Customer Number**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: GARY A. FREEMAN

Inventor's Signature: Gary Freeman

Date: 2/2/04

Residence Address:

47 Stearns Street  
Newton Center, MA 02159

Citizenship:

US

Post Office Address:

47 Stearns Street  
Newton Center, MA 02159

**Combined Declaration and Power of Attorney**

Page 2 of 2 Pages

Full Name of Inventor: JAMES E. BREWER

Inventor's Signature: James E. Brewer

Date: 02/02/07

Residence Address: Lino Lakes, MN

Citizenship: US

Post Office Address: 7117 Sunrise Drive  
Lino Lakes, MN 55014

20771783.doc

Applicant : Gary A. Freeman  
Serial No. : 10/712,308  
Filed : November 13, 2003  
Page : 2 of 2

Attorney's Docket No.: 04644-150001

Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: \_\_\_\_\_

3/11/04

Will E. Lee Pg NJ 28,933

G. Roger Lee  
Reg. No. 28,963

Fish & Richardson P.C.  
225 Franklin Street  
Boston, MA 02110-2804  
Telephone: (617) 542-5070  
Facsimile: (617) 542-8906

20822245.doc